

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

Substitute for Form PTO-1360  
(For use with Form PTO/SB/06)

Application Number	Filing Date
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10539889

Applicant(s) **Vijaylakshmi Venkateshan**

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	*	*	*
	Indep	Depend	Indep	Depend	Indep	Depend			Indep	Depend	Indep
1	1		---	---							
2		1	---	---							
3		1	---	---							
4		1	---	---							
5		1	---	---							
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50											
Total Indep	1			1			0				
Total Depend	4		←	4		←	0	←			
Total Claims	5	██████		5	██████		0	██████			